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FACSIMILE TRANSMITTAL SHEET

DATE: November 10, 2004

TO: The U. S. Patent and Trademark Office
Attn: Ms. Robinson
OIPE

Fax. No.: 703/308-7749

Our Ref.: 2933-157
U.S. Serial Number 10/500,337

FROM: Robert B. Murray

Number of Pages Including This Transmittal Sheet: 7

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Signature

Cindy Brooks

Typed Name

November 10, 2004

Date of Signature

FILE COPY**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/500,337
Applicant : Manabu YUI
Filed : June 28, 2004
TC/A.U. : 3765
Examiner :

Docket No. : 2933-157
Customer No. : 6449
Confirmation No.: 7422

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1540

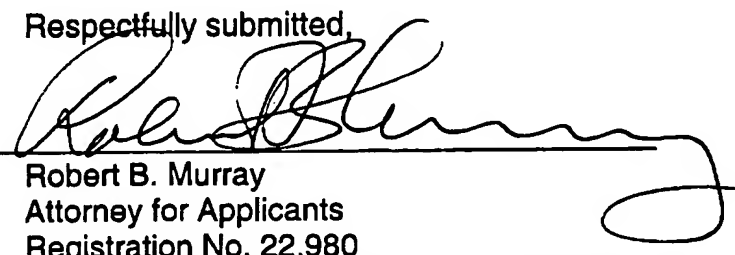
Dear Sir:

Applicants have received a Filing Receipt for the above application, and request that a corrected filing receipt be issued to indicate the correct information under Power of Attorney. The Power of Attorney should be associated with our customer number 6449, which is included in the Declaration (copy attached for ready reference).

We believe that the error was made on the part of the Patent Office and that no fee is due. However, should a fee be deemed necessary, the Commissioner of Patents and Trademarks is authorized to charge any fee to Deposit Account No. 02-2135 necessary to effect these changes.

Respectfully submitted,

By


Robert B. Murray
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RBM/cb



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/500,337	06/28/2004	3765	920	2933-157	5	3	1

CONFIRMATION NO. 7422

6449
ROTHWELL, FIGG, ERNST & MANBECK, P.C.
1425 K STREET, N.W.
SUITE 800
WASHINGTON, DC 20005

FILING RECEIPT



OC000000013856467

Date Mailed: 09/22/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Manabu Yui, Wakayama, JAPAN;

Power of Attorney:

Robert B. Murray Jr.--22980

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/JP02/13732 12/26/2002

Foreign Applications

JAPAN 2001-399133 12/28/2001

Projected Publication Date: 12/30/2004

Non-Publication Request: No

Early Publication Request: No

Title

RECEIVED/FACILITIES
ROTHWELL FIGG ERNST & MANBECK
FILE NO.: 2933-157
FAC PROC. INIT.

SEP 30 2004

DKT ENTRY INIT.

SEND TO:

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Neck forming method

Preliminary Class

002

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 7422

SERIAL NUMBER 10/500,337	FILING OR 371(c) DATE 06/28/2004 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. 2933-157	
APPLICANTS Manabu Yui, Wakayama, JAPAN; ** CONTINUING DATA ***** This application is a 371 of PCT/JP02/13732 12/26/2002 ** FOREIGN APPLICATIONS ***** JAPAN 2001-399133 12/28/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
ADDRESS 6449					
TITLE Neck forming method					
FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		